

SIGN IN SHEET – Solicitation VA261-15-R-0887

**PROJECT 654-15-922 Replace Building 90 Motor Control
Center at Livermore Division of Palo Alto Health Care
System**

Complete the following and turn into the Contracting Officer

1. Company Name: Linear West

Company Representative: Kevin Cox

Phone # 925-699-7897 **Email:** Kevin@linearwest.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

X _____ **Sub-Contractor**

_____ **Supplier**

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Complete the following and turn into the Contracting Officer

1. Company Name: Hybzone Corp

Company Representative: Ben Fagita

Phone # 909 367-0798 **Email:** Ben@hb2corp.com

Additional Representative: JEFF IONE

Phone # 909 484-0934 **Email:** JEFF@hb2corp.com

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

☒ **General Contractor**

☐ **Sub-Contractor**

☐ **Supplier**

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Complete the following and turn into the Contracting Officer

1. Company Name: ECHOLON ELECTRIC

Company Representative: BILL WORD

Phone # 916 417-3588 **Email:** BILL@GLWINNCONSTRUCT.COM

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

✓ _____ **Sub-Contractor**

_____ **Supplier**

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Complete the following and turn into the Contracting Officer

1. Company Name: Pure Electric

Company Representative: Mike Mcha

Phone # ⁹²⁵ 634-6802 **Email:** pure.electric@yahoo.com

Additional Representative: _____

Phone # _____ **Email:** _____

Additional Representative: _____

Phone # _____ **Email:** _____

Please check one of the following:

_____ **General Contractor**

☒ **Sub-Contractor**

_____ **Supplier**